

FY05 Monitoring Tool
Section for Communicable Disease Prevention

- ☐ **Met**
☐ **Not met**

Agency _____
Date _____
SCDP _____
LPHA Staff _____

5.1.2A	The LPHA receives and transmits information on reportable communicable, environmental, and occupational disease reports received from laboratories, physicians, hospitals, clinics, or other public/private institutions as defined in 19 CSR 20-20.020.
	1. <input type="checkbox"/> All sampled cases reported to DHSS.
5.1.2B	Data on all communicable diseases and illnesses available in the MOHSIS system is accurately and promptly entered into MOHSIS.
	2. <input type="checkbox"/> There is no evidence of a significant backlog of cases to be entered into MOHSIS. 3. <input type="checkbox"/> A system is in place to ensure the prompt referral of cases not belonging to the receiving jurisdiction. "Accurately entered into MOHSIS" will be determined by monitoring that the accurate condition and status are assigned (e.g. confirmed, probable, suspect, or pending) using CDC's / State of Missouri's case definition, accurate jurisdictional information entered, and treatment information for select disease(s). "Promptly entered into MOHSIS" will be determined by monitoring to see that the Category 1 Diseases are twenty-four hours of first knowledge / receipt, and Category 2(s) are seventy-two hours.
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
5.1.3A	There is evidence that an appropriate number and type of surveillance sites are established and maintained according to DHSS guidelines.
	4. <input type="checkbox"/> Has sites that provide adequate active surveillance for their county as determined by the Local Public Health Agency using guidance provided in the CDIRM. 5. <input type="checkbox"/> Contacts their active surveillance sites each week to determine any areas of concern. If incidents or concerns are revealed, appropriate next steps (as determined by the Local Public Health Agency) are taken. The calls and any incidents are documented in the Active Surveillance LPHA Site Contact Log.
Notes:	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
5.1.3B	There is evidence that information is presented to health care providers, surveillance sites, and mandated disease reporters about surveillance reporting requirements (including newly diagnosed cancer), methods of reporting, recognition of, and response to critical incidents.
	6. <input type="checkbox"/> All mandated reporters have been contacted regarding reporting requirements in the last 12 months.

	<p>7. <input type="checkbox"/> Surveillance sites are updated ASAP on any surveillance requirements.</p> <p>8. <input type="checkbox"/> Health care providers have been notified of any changes in disease reporting requirements and appropriate response to current diseases or conditions of public health concern. (i.e. smallpox, SARS, immunization schedules, etc.)</p>
Notes:	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
5.1.4A	Documentation is maintained of any press releases or other communication to the public regarding communicable disease risks and priorities.
	<p>9. <input type="checkbox"/> Establish and maintain a system to document press releases and information communicated to the public.</p> <p>10. <input type="checkbox"/> Appropriately issued releases regarding current diseases and conditions of public health concern.</p>
Notes:	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
5.2.1A	There is evidence that reports of communicable and environmental diseases are reviewed and analyzed at least monthly to detect clusters and trends, that extraordinary incidence is noted, and appropriate public health response is implemented.
	<p>11. <input type="checkbox"/> Evidence demonstrated of monthly analysis.</p> <p>12. <input type="checkbox"/> Document clusters and trends of extraordinary incidence if found.</p> <p>13. <input type="checkbox"/> Implemented appropriate public health response.</p>
Notes:	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
6.3.1A	Agency has developed and/or adopted written policies and procedures, consistent with Environmental Health Operational Guidelines and Communicable Disease Investigation Reference Manual, to guide environmental health and communicable disease activities.
	<p>14. <input type="checkbox"/> LPHA has written policies.</p> <p>15. <input type="checkbox"/> Policies are consistent with CDIRM.</p> <p>16. <input type="checkbox"/> LPHA is following policies.</p>
Notes	
	Monitor in 1 st quarter or as deemed appropriate.

6.3.1B	There is evidence that policies and procedures that guide environmental health and communicable disease activity reflect the most current requirements, practices and guidelines, as noted in 7.1.7B.
	17. <input type="checkbox"/> Review has taken place a minimum of two times within the current contract period.
Notes	Date of first review ____/____/____ Date of second review ____/____/____
	Monitor 1 st quarter and when appropriate based on last review.
6.3.1C	There is evidence that orientation and training are provided for staff and the local public health agency governing body regarding policy, procedure, and revisions.
	18. <input type="checkbox"/> New employee has been oriented to policies and procedures.
	19. <input type="checkbox"/> Staff and governing body updated to new policies and procedures.
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
6.3.1D	There is evidence that the public is informed regarding policies, procedures, and any revision if affected by the policy, procedure, or revision.
	20. <input type="checkbox"/> Public was notified of any policies, procedures or revision affecting the public.
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
7.1.4A	Documentation is maintained of educational/consultative activities provided to regulated facilities, their employees, the public, or providers.
	21. <input type="checkbox"/> Education is provided upon request.
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
7.1.5A	There is evidence of successful completion of the Department of Health and Senior Services' "Principles of Epidemiology" class, or its equivalent, by primary staff members doing communicable disease investigation.
	22. <input type="checkbox"/> Primary CD persons have attended the DHSS Principles of Epidemiology or it's equivalent.
Notes	Names of persons needing class:
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
7.1.7A	There is evidence showing when professional staff attended training courses or in-service training related to environmental public health, communicable disease prevention, sexually transmitted disease, tuberculosis control, veterinary public health, immunizations, nutritional health and chronic disease prevention/health promotion.

	23. <input type="checkbox"/> All staff performing disease investigation has attended training in the last 24 months.
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
7.1.7B	The agency has current editions of the American Public Health Association Control of Communicable Diseases Manual, and the American Academy of Pediatrics "Red Book" available within the agency. Staff has access to the Communicable Disease Investigation Reference Manual and the Environmental Health Operational Guidelines on the DHSS web page.
	24. <input type="checkbox"/> American Public Health Assoc Control of CD Manual present. 25. <input type="checkbox"/> American Academy of Pediatrics "Red Book" present. 26. <input type="checkbox"/> Communicable Disease Investigation Reference Manual available / present.
Notes	
	Monitor 1 st quarter or as deemed appropriate.
7.2.1A	There is evidence that testing, treatment, referral and follow up of communicable diseases and illness occur according to state statutes, rules, recommendations, or policy and procedure. As additional case information for testing, treatment, referral, or follow-up is obtained, it is updated into MOHSIS.
	27. <input type="checkbox"/> All sampled cases obtained for 5.1.2A have appropriate diagnostic, treatment, condition, and status information entered into MOHSIS. 28. <input type="checkbox"/> All sampled cases have appropriate and timely resolution.
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
7.2.2A	There is documentation of an evaluation process to monitor and assure prevention and intervention efforts are appropriate and in compliance with technical assistance manuals.
	29. <input type="checkbox"/> A system is in place for internal evaluation of prevention and intervention efforts.
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
7.2.3A	Within the first 48-72 hours after a disease outbreak is identified, an initial summary report is sent to DHSS describing the situation and related issues.

	30. <input type="checkbox"/> LPHA sent all initial outbreak summary reports within 72 hours.
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
7.2.3B	There is documentation of epidemiological investigation of disease outbreaks and communication of recommendations for control measures.
	31. <input type="checkbox"/> Proper epidemiological investigation occurred.
	32. <input type="checkbox"/> Appropriate recommendations for control measures were communicated.
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
7.2.3C	Summary reports of disease outbreaks are submitted to DHSS within 90 days of the outbreak.
	33. <input type="checkbox"/> Final summary reports are submitted to DHSS within 90 days of identification (diagnosis) of the last case.
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.

Reviewer_____

LPHA Administrator or
Designee _____

Date of Review_____

